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PATENT

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On _____

TOWNSEND and TOWNSEND and CREW LLP

By: _____
Brad J. Loos

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Henry Nita et al.

Application No.: 10/722,209

Filed: November 24, 2003

For: STEERABLE ULTRASOUND
CATHETER

Examiner: Unassigned

Art Unit: 3763

STATUS REQUEST LETTER

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

On June 16, 2005, we received a *Notice of Publication of Application* directed to the above-identified patent application filed November 24, 2003.

Applicant's attorney has not received an *Official Action* or any other communication since June 16, 2005, from the Patent Office. Please advise us of the status of this application. Thank you.

Respectfully submitted,

Nathan S. Cassell
Reg. No. 42,396

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IFW

	TRANSMITTAL FORM	
	Application Number	10/722,209
	Filing Date	November 24, 2003
	First Named Inventor	HENRY NITA et al.
	Art Unit	3763
	Examiner Name	Unassigned
Total Number of Pages in This Submission	Attorney Docket Number	021577-000900US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input checked="" type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard
Remarks: The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	Nathan S. Cassell		
Date	12-2-05	Reg. No.	42,396

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Signature			
Typed or printed name	Brad J. Loos	Date	12-2-05